



3634 *CRW*

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
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| | | |
|---|------------------------|-----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/039,787 |
| | Filing Date | January 2, 2002 |
| | First Named Inventor | Jason C. KILLO et al. |
| | Art Unit | 3634 |
| | Examiner Name | Blair M. Johnson |
| Total Number of Pages in This Submission | Attorney Docket Number | 6232-231 (158420) |

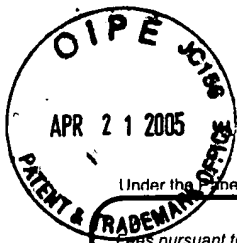
| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Postcard Receipt |
| <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|----------------------------|----------|--------|
| Firm Name | DRINKER BIDDLE & REATH LLP | | |
| Signature | | | |
| Printed name | GREGORY J. LAVORGNA | | |
| Date | April 19, 2005 | Reg. No. | 30,469 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|----------------|------|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | Karen M. Spina | Date | April 19, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

180

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/039,787 |
| Filing Date | January 2, 2002 |
| First Named Inventor | Jason C. KILLO et al. |
| Examiner Name | Blair M. Johnson |
| Art Unit | 3634 |
| Attorney Docket No. | 6232-231 (158420) |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge); 37 CFR 1.17(p); submission of Information Disclosure Statement

\$180

SUBMITTED BY

Signature

Registration No. 30,469
(Attorney/Agent)

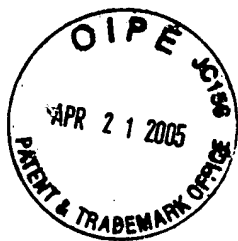
Telephone (215) 988-3309

Name (Print/Type) GREGORY J. LAVORGNA

Date April 19, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Patent application of : Attorney Docket No.:
Jason C. Killo *et al.* : 6232-231 (158420)
Serial No.: 10/039,787 : Group Art Unit:
Filed: January 2, 2002 : 3634
For: MOTORIZED DRAPERY PULL SYSTEM : Examiner:
Johnson, Blair M.

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR 1.97(c)

Sir:

Pursuant to 37 CFR §1.56 and in accordance with 37 CFR §§ 1.97-1.98, submitted herewith is a substitute Form PTO-1449, and A copies of the reference cited therein.

This Information Supplemental Disclosure Statement is being submitted after expiration of the three-month period following filing of the above-identified application and after issuance of a first Office Action on the merits, but prior to issuance of either a final Office Action or a Notice of Allowance. A check in the amount of \$180.00 is attached hereto to cover the fee set forth in 37 CFR § 1.17(p). Should further fees are required in connection with this paper, please charge Deposit Account No. 50-0573.

| CERTIFICATE OF TRANSMISSION/MAILING | |
|---|-----------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, MAIL STOP AMENDMENT, P.O. Box 1450, Alexandria, VA 223313-1450 on the date shown below. | |
| BY | <u>Karen M. Spina</u> |
| DATE: | April 19, 2005 |

04/21/2005 ZJU HAR1 00000026 10039787

01 FC:1806

180.00 00p



**IDENTIFICATION OF REFERENCE(S) AND
CONCISE EXPLANATION OF RELEVANCE
OF REFERENCE(S) NOT IN THE ENGLISH LANGUAGE**

The following reference was cited in co-pending U.S. Application No. 10/165,148, which is a continuation-in-part of the instant application.

Foreign Patent Document(s)

Netherlands Patent No. NL C 1019467 (in Dutch)

An English language translation of the cited document, provided to Applicants by the USPTO in U.S. Application No. 10/165,148, is submitted herewith.

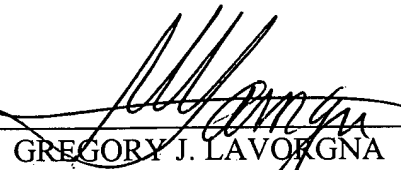
The Examiner is respectfully requested to review the reference listed on the substitute Form PTO-1449 and make it of record in the instant application as required by M.P.E.P. § 609. It is requested that the Examiner initial the enclosed duplicate substitute Form PTO-1449, and return one copy to the Applicants' undersigned representative.

The reference cited in this Supplemental Information Disclosure Statement comprises the most pertinent prior art known to the Applicants and their attorneys as of the date hereof. This Statement should not be construed as a representation that the cited reference is material or that more relevant art does not exist.

Respectfully submitted,

JASON C. KILLO *et al.*

BY: _____


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Attorney for Applicants

SUBSTITUTE FORM PTO-1449
U.S. DEPARTMENT OF COMMERCE
U.S. PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.
6232-231 (158420)

APPLICATION NUMBER
10/039,787

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

FIRST NAMED INVENTOR

Jason C. Killo *et al.*

FILING DATE

January 2, 2002

ART UNIT

3634

U.S. PATENT DOCUMENTS

| EXAMINER INITIALS | Cite No. | DOCUMENT NUMBER | PUBLICATION DATE (MM/DD/YYYY) | NAME OF PATENTEE OR APPLICANT OF CITED DOCUMENT | PAGES, COLUMNS, LINES, WHERE RELEVANT PASSAGES OR RELEVANT FIGURES APPEAR |
|----------------------|-------------|--------------------------------|----------------------------------|--|---|
| | | Number-Kind Code (if known) | | | |
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FOREIGN PATENT DOCUMENTS

| EXAMINER INITIALS | Cite No. | FOREIGN PATENT DOCUMENT | PUBLICATION DATE (MM/DD/YYYY) | NAME OF PATENTEE OR APPLICANT OF CITED DOCUMENT | PAGES, COLUMNS, LINES, WHERE RELEVANT PASSAGES OR RELEVANT FIGURES APPEAR | T |
|----------------------|-------------|---|----------------------------------|--|---|---|
| | | Country Code-Number- Kind Code (if known) | | | | |
| | A | NL C 1019467 | 12/04/2002 | GOELST | | Y |
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EXAMINER SIGNATURE

DATE CONSIDERED

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered.
Include copy of this form with next communication to applicant.